

2016 SPRING REGISTRATION FORM

Churchville Rec. Softball
111 Glenville Rd., Churchville, MD 21028

- ☐ RETURNING Player
☐ NEW Player
☐ Interested in Travel?

Player's Name: _____
Last Name First Name MI

Address: _____
Street City Zip Code

Birth Date: ____/____/____ Email Home/Daytime: _____
Mo Day Yr

Parent(s)/Guardian Name: _____ Phone No. _____
First Name (Mother) Last Name

Parent(s)/Guardian Name: _____ Phone No. _____
First Name (Father) Last Name

Age Group (Circle) as of 09/01/16: 6-8 9-10 11-13 14-18

Uniform Shirt Size (Please Circle): Youth: Small Medium Large
Adult: Small Medium Large XL

Any physical conditions or allergies (please comment)? _____

Accommodations requested? (please explain): _____

In-House Registration Fees:

****Please make checks payable to: Churchville Rec. Council * Please note Softball Program in Memo field****

Fees: \$75 – Individual; \$135 – Two participants; \$190 – Three or more participants

There will be a \$15.00 late fee if registration is received after February 13, 2016

(Placement is not guaranteed if registration is received after deadline)

**There will be a \$15.00 service charge for any returned check **

Volunteering Opportunities:

Manager/Coaching/Team Parent Positions/Etc. – Please complete this section if you are interested in managing, coaching, being a team parent, or age group coordinator. *All prospective volunteers must complete a volunteer application and submit to a **background check**. A copy of the application can be found in the "Coaches Corner" section of our website www.churchvillebaseball.net.

_____ Manager* _____ Coach* _____ Team Parent _____ Age Group Coordinator _____ Opening Day Volunteer

I agree to abide by the rules and regulations of the league. I further agree that when I leave after the season, I will return any special program uniform items or athletic equipment issued to me or my child. I will abide by the Churchville Rec. Council - Softball Code of Conduct (Jan. 2012). I agree that I will not hold the manager, coaches, team, program, and sponsor, Churchville Recreation Council or Harford County Department of Parks & Recreation responsible for injuries received while participating in this program. I also understand that information on YOUTH SPORTS CONCUSSION AND HEAD INJURIES is available at www.cdc.gov/concussioninyouthsports or at 1-800-232-4636. I hereby approve of the terms of the contract signed by myself.

Parent/Guardian Signature: _____ Date: _____
(If child is under the age of 18)

Program Use Only

Age and Information Verified By: _____ Date: _____

Payment Amount: _____ Payment Type: _____ Cash Check No: _____